

# YOUTH FUNDING – ADMISSION FORM

Today's Date: \_\_\_\_\_

EHR #: \_\_\_\_\_

## Client Information

1. First Name: \_\_\_\_\_ 2. MI \_\_\_\_\_ 3. Last \_\_\_\_\_ 4. Race: \_\_\_\_\_
5. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 6. Primary language \_\_\_\_\_
7. Client Legal Status: ☐ Voluntary ☐ CMA/Court voluntary ☐ Involuntary

## Admission Information

8. Admission date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
9. Admitting Hospital: ☐ Dominion ☐ Poplar Springs ☐ Snowden
10. Hospital Staff contact: \_\_\_\_\_
11. Payment Authorized for \_\_\_\_ days (maximum of 5), or through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FUNDING IS LIMITED. BE SURE TO CHECK THAT FUNDING HAS NOT BEEN EXHAUSTED BEFORE AUTHORIZING PAYMENT.**

## CSB Information

12. Facilitating Admission:  
☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William
13. CSB Staff Facilitating Admission: \_\_\_\_\_
14. Home CSB if different from above:  
☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William  
☐ Other: \_\_\_\_\_
15. CSB Facilitating Discharge Planning:  
☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William
16. CSB Staff Discharge Planning: \_\_\_\_\_